

**BEFORE THE
KENTUCKY PERSONNEL BOARD**

APPEAL NO- _____

NOTICE OF WITHDRAWAL OF APPEAL

.....

I, _____, the appellant in
the above appeal, wish to withdraw on the grounds that the relief I
sought has been granted by the Personnel Cabinet.

Signature

Date

Social Security Number

Please return completed form to:

**Kentucky Personnel Board
28 Fountain Place
Frankfort, KY 40601**

Or fax to: 502-564-1693